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CONFIRMATION NO. 5488

Bib Data Sheet

SERIAL NUMBER 10/632,265	FILING DATE 07/31/2003  RULE	CLASS 607	GROUP ART UNIT 3766	ATTORNEY DOCKET NO. 2024750- 7015284001
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/989,912 11/19/2001 PAT 7,024,248 *CHZ*  
 which is a CIP of 09/690,615 10/16/2000 PAT 6,628,989

This application 10/632,265  
 is a CIP of 09/888,272 06/21/2001 PAT 6,764,446  
 which is a CIP of 09/690,615 10/16/2000 PAT 6,628,989  
 This application 10/632,265  
 is a CIP of 10/413,428 04/14/2003

*3/16/06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*None 3/16/06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 04/21/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	<i>Carl H. Zago CHZ</i> Examiner's Signature Initials	ISRAEL	8	40	3

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## TITLE

Acoustically powered implantable stimulating device

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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